



# Incident Report

Print Date/Time: 06/23/2016 11:46

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00012037

**Incident Date/Time:** 6/22/2016 3:49:25 PM  
**Location:** 20TH ST SE / CAVALERO RD  
LAKE STEVENS WA 98258  
**Phone Number:** (727) 457-1444  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S13	SS0095-Miner

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	DEMIGLIO, DEBORA JEAN					12/27/1960
2	Driver	FIGUEROA, RUBEN DANIEL					06/10/1982
3	Reporting Party	FIGUEROA, RUBEN					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2000	Honda		Red	AR09260	WA
Involved Vehicle	Passenger Car	2003	Chevrolet		Blue	C19568C	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

06/22/2016 : 15:50:54 SP0419 Narrative: 2 VEHS, LR419

06/22/2016 : 15:50:28 SP0166 Narrative: AA 19S13

06/22/2016 : 15:50:12 SP0419 Narrative: AC, JO, CHEVY S10, NON INJ NON BLKING

16-12037





16-12037





16-12037





16-12037







16-12037



16-12037






**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E556413**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL  
RESERVATION**
**CASE # 16-00012037**
**LOCAL AGENCY CODING 0664**
**TOTAL # OF UNITS 02** **OBJECT STRUCK**

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF	CITY #
DATE OF COLLISION 06 - 22 - 2016	1549	31			0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20 ST SE		BLOCK NO. <input checked="" type="checkbox"/> 7400
		MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
200 00 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/>	CAVELERO RD

<b>UNIT 01</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253354861
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LAST NAME DEMIGLIO	FIRST NAME DEBORA	MIDDLE INITIAL J
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STREET NEW ADDRESS	220 118 DR NE
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CITY LAKE STEVENS	ST WA	ZIP 98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE # DEMIGDJ408R7	STATE WA	SEX F	D.O.B. MMDDYYYY 12 - 27 - 1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE # C19568C	STATE WA	VIN# 1GCCS19X338157346
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2003	MAKE CHEV	MODEL S10	STYLE PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # STATE FARM 3370373C0147G
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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<b>UNIT 02</b>	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 7274571444
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LAST NAME FIGUEROA	FIRST NAME RUBEN	MIDDLE INITIAL D
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STREET NEW ADDRESS	1641 76 AVE SE
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CITY LAKE STEVENS	ST WA	ZIP 98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE # FIGUERG186LS	STATE WA	SEX M	D.O.B. MMDDYYYY 06 - 10 - 1982
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE # AR09260	STATE WA	VIN# JHMBB6147YC007172
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2000	MAKE HOND	MODEL PRELUDE	STYLE SD	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # USAA CASUALTY INS CO 023194654C
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT) ROBERT MINER	BADGE OR ID # 0095	AGENCY WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E556413**CASE # **16-00012037**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Unit #2 was eastbound on 20 ST SE stopped in traffic in the 7400 block. Unit #1 was eastbound on 20 ST SE approaching the 7400 block behind Unit #2. Unit #1 looked away from the road and when the driver looked forward again, she noticed traffic was stopped in front of her. Unit #1 was unable to stop in time and rear ended Unit #2. There were no injuries and no vehicles were towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**
**06-23-16 06:31 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**6/23/2016 6:32:48 AM**

BADGE OR ID #

**0095**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**4:00 PM**

TIME POLICE ARRIVED

**4:01 PM**
**PART B** 3000-345-160 R (7/06)

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OF

**3**



REPORT NO. E556413

CASE # 16-00012037

DATE AND TIME  
OF COLLISION 06/22/16 15:49

